## **UServeUtah AmeriCorps Program Reimbursement Request**

Grantee:	Vendor#:	Contract#:
Request #:	Time Period:	Funds Requested:
	Coding Block:	_

Grant Year: 2016-2017

	Budget			Month 1 Expenses Aug (Due Sep 20th)			Month 2 Expenses Sep (Due Oct 20th)			Month 3 Expenses Oct (Due Nov 20th)			Month 4 Expenses Nov (Due Dec 20th)			Month 5 Expenses Dec (Due Jan 20th)			Month 6 Expenses Jan (Due Feb 20th)			Month 7 Expenses Feb (Due Mar 20th)		
	Grant Match Total		Total	Grant	Match Total		Grant	Match	Match Total		Grant Match		Grant	Grant Match Tota		Grant Match		Total	Grant	Match	Total	Grant	Match	Total
SECTION I. Program Operating Costs		1	60			\$0.00			\$0.00		1	\$0.00			\$0.00			\$0.00			\$0.00	1	1	\$0.00
Personnel Expenses			\$0			*****			****			• • • • •			*			****			*			*
Personnel Fringe Benefits			\$0			\$0.00			\$0.00			\$0.00	-	_	\$0.00			\$0.00		_	\$0.00	_		\$0.00
Travel			\$0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Staff Travel			\$0			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00
Member Travel			\$0			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00
Equipment			\$0			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00
Supplies			\$0			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00
Contractural And Consultant Services			\$0			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00
Training			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Staff Training			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00		Ì	\$0.00
Member Training			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00
Evaluation			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00
Other Program Operating Costs			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00
SECTION II. Member Costs																								
Living Allowance			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00
FICA for Members			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00
Workers Compensation			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00
Health Care			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00
Other Member Costs			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00
SECTION III. Administrative Costs																								
Corporation Fixed Amount			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00
Federally Approved Indirect Cost Rate			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
CNCS / Grantee Share:	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

CERTIFICATION I certify that the funds requested herein were expended in	n accordance with Federal Regulations and the approved application
AmeriCorps Program Manager or Fiscal Agent Signature	Date
UServel Itah Authorized Representative	Date

		nth 8 Expens			nth 9 Expens			th 10 Expens (Due Jun 20			th 11 Expen			th 12 Expens (Due Aug 20			th 13 If Need (Due Sep 20			Year to Date Expenses		Balance		
	Grant	Match	Total	Grant	Match	Total	Grant	Match	Total	Grant	Match	Total	Grant	Match	Total	Grant	Match	Total	Grant	Match	Total	Grant	Match	Total
SECTION I. Program Operating Costs	1 1	T I	1	1		1	10	ı	1	1			11	1	1	1	1			1				
Personnel Expenses			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Personnel Fringe Benefits			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Staff Travel			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Member Travel			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Equipment			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Supplies			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Contractural And Consultant Services			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Fraining	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Staff Training			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Member Training			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Evaluation			\$0.00			\$0.00			\$0.00			\$0.00	ĺ		\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other Program Operating Costs			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
SECTION II. Member Costs	*																			·				
iving Allowance			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
FICA for Members			\$0.00			\$0.00			\$0.00			\$0.00	ĺ		\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Vorkers Compensation			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Health Care			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other Member Costs			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
SECTION III. Administrative Costs	,				,	,	,,									,		,		,,				
Corporation Fixed Amount			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Federally Approved Indirect Cost Rate	İ	j	\$0.00			\$0.00	İ		\$0.00			\$0.00			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
CNCS / Grantee Share:	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%